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Project SOS's new *Envision* curriculum effectively supplements school-day health education and integrates evaluation into program implementation.

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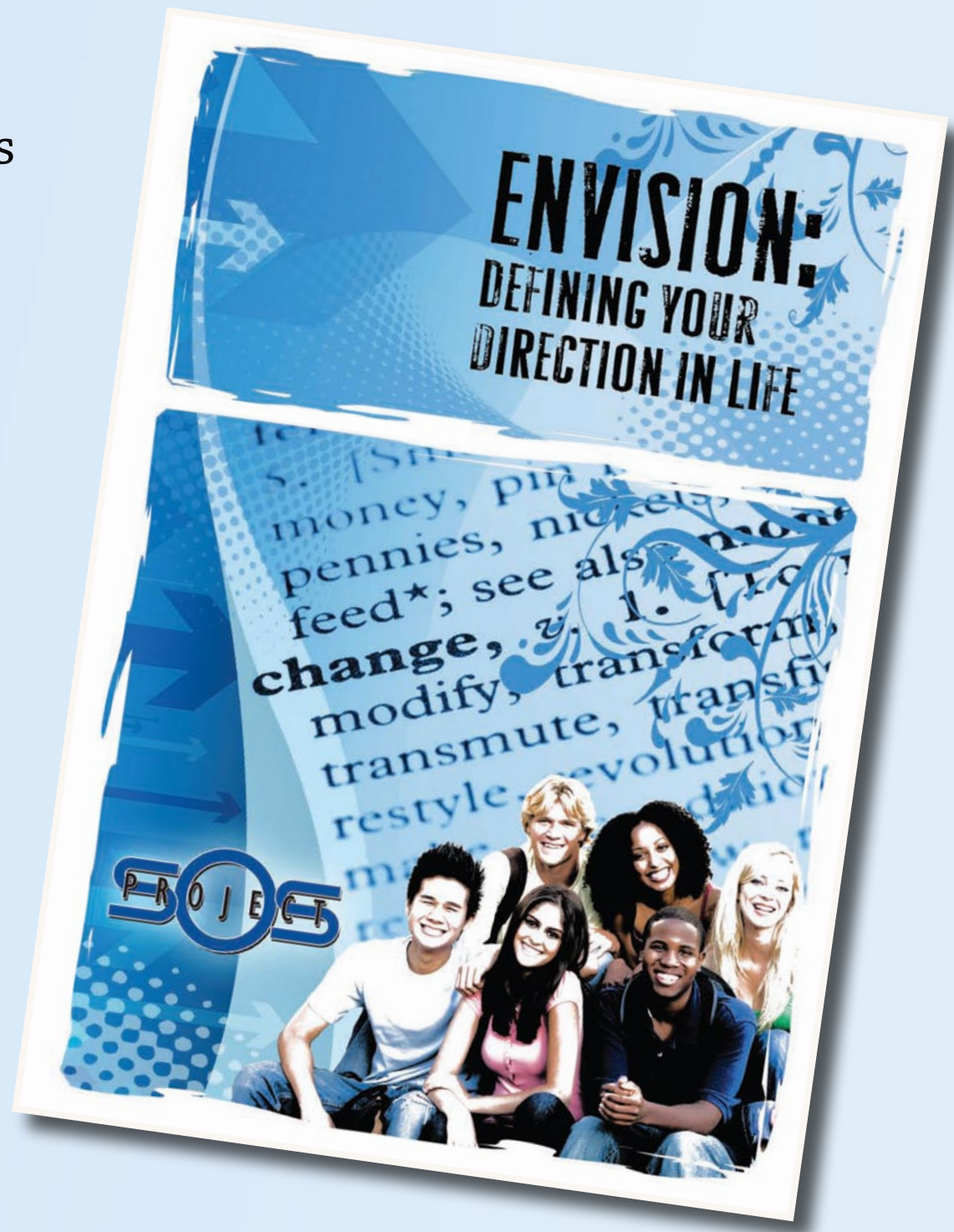
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STUDY DESIGN

- Evaluation of effectiveness of Project SOS *Envision* curriculum
- Ninth and tenth grade students
- 9 high schools in four North Florida counties, served in 2009-2010
- Evaluation methods:
 - pre and post survey addressing curriculum objectives, attitudes toward sexual activity, and intent to remain abstinent
 - follow-up survey (6, 12, & 18 months after completion, with incentive)
 - small focus groups after completion to gain additional feedback
 - comparison group
- Active parental consent for participation in evaluation activities

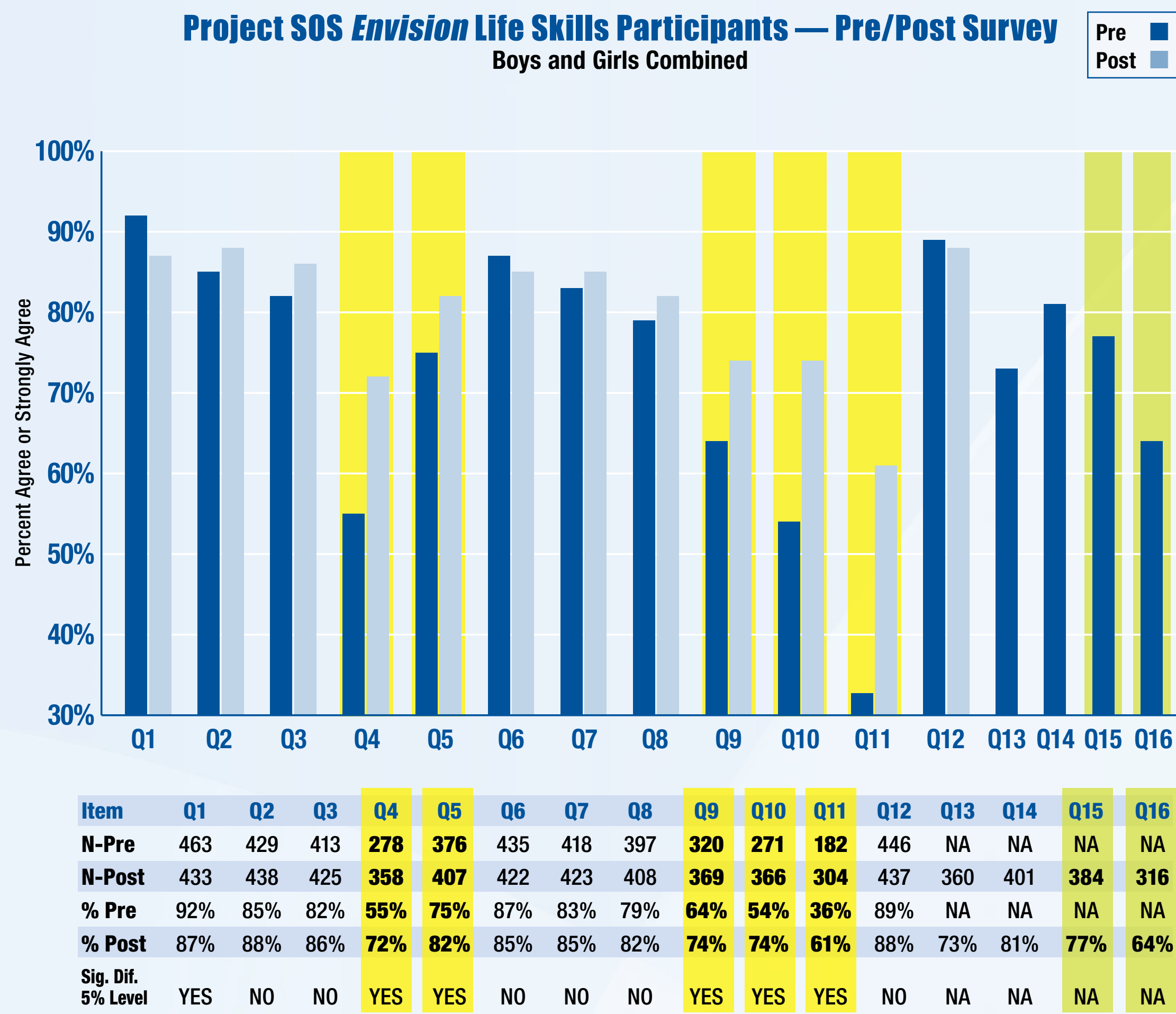
CURRICULUM DESCRIPTION

- A student workbook filled with colorful graphics entices students to read the text and write responses.
- Topics include:
 - Boundary Setting
 - Refusal Skills
 - Effects of Sex and STDs
 - Effects of Substance Abuse
 - True Friends
 - Goal Setting
- Targeted to high school students
- 6 hours of instruction
- 9 lessons presented by Project SOS staff during school hours as part of a health or life skills class.
- Special features: In addition to strategies and attitudes relating to abstinence, the curriculum is notable for addressing healthy and unhealthy relationships, media influences, teens & violence, and depression.
- Evaluation is integrated with curriculum implementation (pre/post surveys, focus groups) and after (follow-up surveys, comparison group surveys).



PRE/POST SURVEY

- 496 *Envision* completers
- 35% of this group was already sexually active. 12% had 2 or more partners.
- Completers increased significantly in agreement on 5 out of 12 pre/post items.
- Areas of significant change reflect key attitudes about sexual activity (that early sexual activity can have negative effects on later marriage, that condoms do not prevent all STDs, that anyone can choose abstinence—even those who have previously had sex, and that teens who have sex are more likely to be depressed) and increased agreement that media violence negatively impacts teens.
- 77% agree that waiting to have sex until marriage is the only guaranteed way to avoid STDs and pregnancy.
- 64% indicated a commitment to abstinence after completing the curriculum.

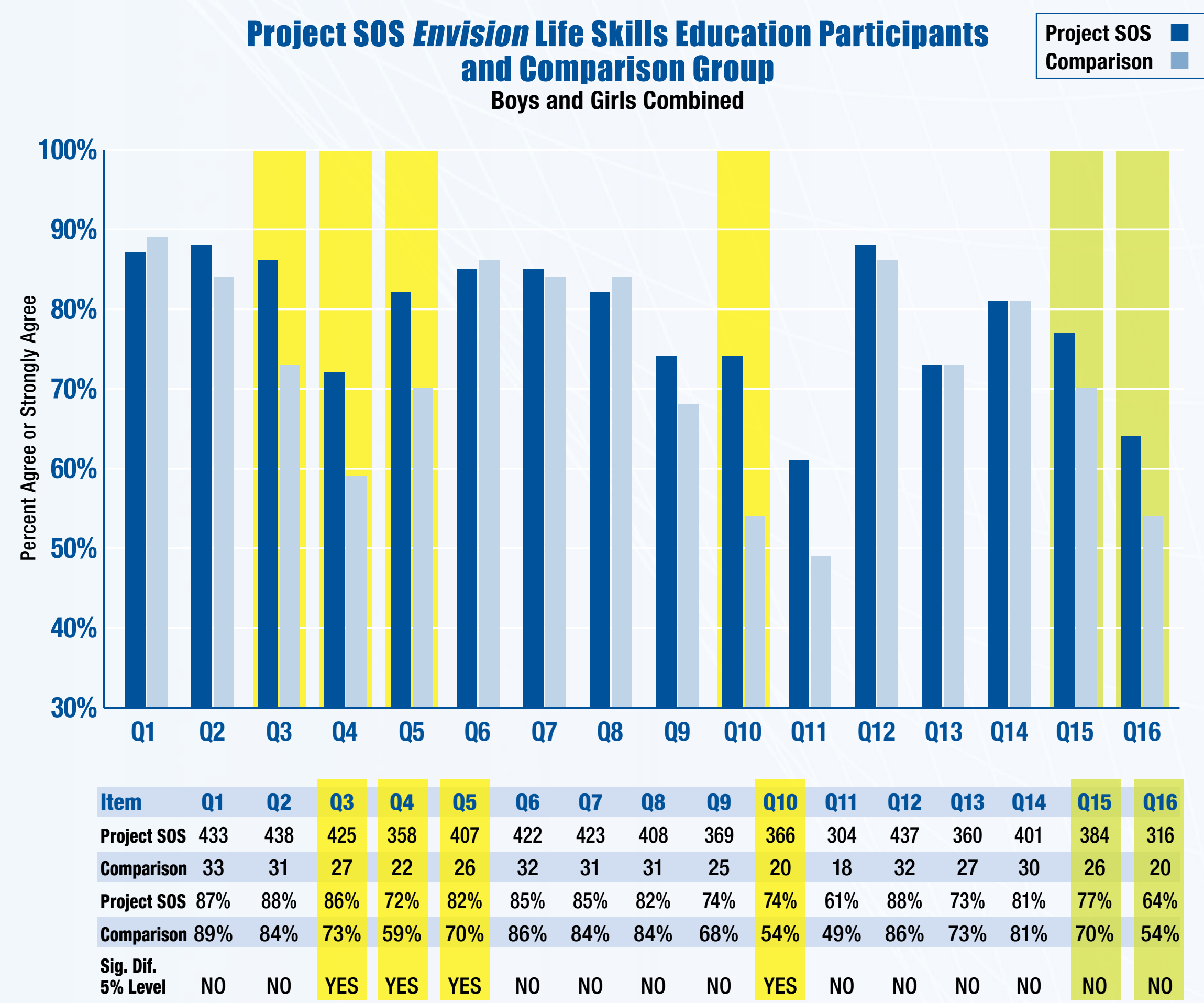


Items:

- Q1. I have at least one friend who influences me and encourages me to make wise decisions.
Q2. Having personal boundaries will help me to reach my goals and dreams.
Q3. I know strategies that will help me to refuse, if pressured to drink alcohol or take drugs.
Q4. Sex before marriage could bring negative effects into a marriage relationship later in life.
Q5. Condoms do not prevent all STDs.
Q6. Drugs and alcohol weaken decision-making skills and decrease self-control.
Q7. Having healthy dating relationships could help me have a healthier marriage in my future.
Q8. I know how to recognize and avoid verbally, emotionally and physically abusive relationships.

ENVISION COMPLETERS VS. COMPARISON GROUP

- 496 *Envision* completers compared to 37 non-participant students
- Envision* completers were significantly higher in agreement on 4 of 12 post items, (have refusal skills, media violence impacts adolescents, early sexual activity can have negative effects on later marriage, condoms do not prevent all STDs). The comparison group was not significantly higher than the *Envision* group on any item.
- 77% of the *Envision* completers understand that waiting to have sex until marriage is the only guaranteed way to avoid STDs and pregnancy compared to 70% of the comparison group (not statistically significant.)
- 64% of the *Envision* completers indicated a commitment to abstinence after completing the curriculum compared to 54% of the comparison group (not statistically significant.)
- Males gained more from the program than females. Males in the SOS group showed more positive changes (9 out of 16) when compared to the non-treatment group than SOS girls and comparison girls (1 out of 16).



- Q9. Anyone can choose abstinence, even someone who has previously had sex.
Q10. Media that shows violence has both long-term and short-term impacts on adolescents.
Q11. Research says that teens who have sex are more likely to be depressed than abstinent teens.
Q12. Having goals and purpose in life will help me to avoid poor choices.
Q13. I have written specific goals for my future that will help me stay away from unhealthy behaviors.
Q14. I choose to avoid drugs and alcohol because of negative consequences.
Q15. I understand that waiting to have sex until marriage is the only guaranteed way to avoid STDs and pregnancy.
Q16. Regardless of my past experience, I am now choosing to wait to have sex until marriage.

FOLLOW-UP SURVEY

- 37 of the 6-month surveys and 30 of the 12-month surveys have been received from a pool of 289 completers with permission to participate in the evaluation. An 18-month follow-up will be completed in July 2010.
- Almost all agreed that the strategies they learned helped “a lot” or “a little.”
- Most indicated continuing commitment to abstinence **for the next year**:
 - 81% for the 6-month group
 - 76% for the 12-month group
- Over half indicated a commitment to abstinence **until marriage**:
 - 59% of the 6-month group
 - 67% of the 12-month group

